

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572 894

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		1		1		
3	1		1			
4	3		1			
5	3		1			
6	3		1			
7	3		1			
8	3		1			
9	3		1			
10	3		1			
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30	1		1			
31	1		1			
32	3		1			
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35	3		1			
36	3		1			
37	3		1			
38	3		1			
39	3		1			
40	3		1			
41	3		1			
42	1		1			
43	1		1			
44	2		1			
45	2		1			
46	2		1			
47	2		1			
48	2		1			
49	2		1			
50	2		1			
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1		1	
52	1		1		1	
53	1		1		1	
54	1		1		1	
55	1		1		1	
56	1		1		1	
57	2		1		1	
58	2		1		1	
59	1		1		1	
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		55	←
TOTAL CLAIMS					59	